

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date:: 01/26/04

Application Type:: Regular (Non-Provisional)

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: N/A

Computer Readable Form (CRF)?:: No

Number of copies of CRF:: N/A

Title :: Handheld Medical Reference Application
With Integrated Dosage Calculator

Attorney Docket Number:: 91303

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::	N/A
Variety denomination name::	N/A
Petition included?::	No
Petition Type::	N/A
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor (1)
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	Mark
Middle Name::	
Family Name::	Rosenbloom
Name Suffix::	M.D.
City of Residence::	Evanston
State or Province of Residence::	Illinois
Country of Residence::	U.S.A.
Street of mailing address::	100 Greenwood Street
City of mailing address::	Evanston
State or Province of mailing address::	Illinois
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	60201

Correspondence Information

Name:: Walter J. Kawula, Jr., Esq.
Street of mailing address:: 120 South Riverside Plaza, 22nd Floor
City of mailing address:: Chicago
State or Province of mailing address:: IL
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 60606-3945
Phone number:: 312-655-1500
Fax Number: 312-655-1501
E-Mail address:: wjkdocket@WelshKatz.com

Representative Information

Representative Customer Number:	24628
---------------------------------	-------

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	Non-provisional of	60/442,538	01/24/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	N/A
Street of mailing address::	N/A
City of mailing address::	N/A
State or Province of mailing address::	N/A
Country of mailing address::	N/A
Postal or Zip Code of mailing address::	N/A